

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Jackson

Conventional or Direct Filtration

Month/Year: Oct-24

System Name: City of Gold Hill ID#: 41-00333 WTP : TP - WTP-A

Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day ¹ [NTU]
1		0.02	0.03	0.02		0.02	0.03
2							
3				0.02	0.03	0.02	0.03
4	0.02	0.02	0.02	0.03	0.02	0.02	0.03
5							
6			0.02	0.02	0.02	0.02	0.02
7	0.02	0.02	0.02		0.02	0.02	0.02
8	0.02		0.02		0.02	0.02	0.02
9		0.02	0.02	0.02		0.02	0.02
10				0.02	0.02	0.02	0.02
11	0.02	0.02	0.02	0.02	0.02	0.02	0.02
12							
13			0.02			0.02	0.02
14		0.02			0.02	0.02	0.02
15	0.02	0.02	0.02	0.02	0.02	0.02	0.02
16							
17				0.03	0.02	0.02	0.03
18	0.02		0.02		0.02		0.02
19							
20			0.02	0.02	0.02	0.02	0.02
21							
22			0.02	0.02	0.02	0.02	0.02
23						0.02	0.02
24	0.02			0.02	0.02		0.02
25		0.02	0.02				0.02
26						0.02	0.02
27							
28				0.02	0.02	0.02	0.02
29							
30				0.02	0.02		0.02
31							

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> No
All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No		
All turbidity readings < IFE ² triggers <input checked="" type="radio"/> Yes <input type="radio"/> No		

Notes: Variable Contact Time is based on "effective volumes" based on the tracer study parameters reflected on page 6 of the report
 12752 (gal) / peak flow rate * lowest cl2 residual.
 Eg: 12,752(gal) / 480 gpm * 1.5 mg/L

PRINTED NAME: Michael Bollweg	
SIGNATURE: <i>Michael Bollweg</i>	DATE: 10.8.24
PHONE #: (541) 415-1117	CERT #: 5296

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM may not correspond to continuous readings' maximum. ² IFE = Individ. Filter Effl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: City of Gold Hill				ID#: 41-00333	Month/Year: Oct	WTP - : Disinfection <i>Giardia</i> Log Inactive:	WTP-A 1
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	LOW Temp	HIGH pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	1.27	36.0	45.7	13.3	8.0	45.5	YES	450
2								
3	1.94	58.3	113.2	13.1	8.0	49.0	YES	424
4	1.67	44.6	74.6	12.4	8.0	50.5	YES	477
5								
6	1.85	49.5	91.5	12.7	8.0	50.5	YES	477
7	1.40	37.0	51.9	12.4	8.0	49.0	YES	482
8	1.84	48.6	89.4	12.9	8.0	49.5	YES	483
9	1.92	55.5	106.6	12.3	7.7	46.5	YES	441
10	1.68	48.6	81.6	12.5	7.9	48.1	YES	441
11	1.73	45.9	79.3	11.5	7.8	50.3	YES	481
12								
13	1.68	52.1	87.6	12.7	7.7	43.8	YES	411
14	1.83	52.2	95.5	12.1	8.0	51.9	YES	447
15	1.73	45.6	78.9	11.5	8.0	54.0	YES	484
16								
17	1.69	52.8	89.3	11.2	7.8	51.1	YES	408
18	1.66	45.4	75.4	10.2	7.9	56.4	YES	466
19								
20	1.56	41.8	65.2	9.9	8.0	57.9	YES	476
21								
22	1.70	48.0	81.5	11.3	8.0	54.6	YES	452
23	1.65	51.4	84.9	10.3	7.9	55.8	YES	409
24	1.72	53.9	92.7	8.8	7.8	60.7	YES	407
25	1.75	54.2	94.8	9.1	7.8	58.8	YES	412
26								
27								
28	1.65	44.8	73.9	9.7	7.9	57.5	YES	470
29								
30	1.67	47.6	79.6	8.3	7.7	59.8	YES	447
31								

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

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Return by 10th of following month by email, fax, or mail to:
dwp_dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350